EXHIBIT C

| Case 06-10725-gwz Doc 8759 | PRC | OF OF CLAIM | (5:51 Paç | je 2 of 8 |
|--|---------------|---|----------------------|--|
| | | | | |
| Name of Debtor | Case Number | | | |
| USA Commercial Mortgage Company | 06-10725-LBR | | | |
| and the second s | | | | |
| NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expensing after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503 | | Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of | | Y OWED MONEY BY A BORROWER BEING SERVICED BY THE |
| Name of Creditor and Address | | statement giving particulars | DEBTORS YOU | OO <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT |
| 11321242037677 | 7 | Check box if you have | | D IN THE COLLECTION ACCOUNT |
| NIX JOHN 836 TEMPLE ROCK CT BOULDER CITY NV 89005 | | never received any notices from the bankruptcy court or BMC Group in this case | | IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BYODS |
| | | Check box if this address differs from the address on the | If you have aire | eady filed a proof of claim with the |
| Creditor Telephone Number (102) 364-1284 | | envelope sent to you by the court | | or BMC, you do not need to file again E IS FOR COURT USE ONLY |
| Last four digits of account or other number by which creditor identifies of | lebtor | Check here T replace | ces | |
| Client 10 # 2628 | | Check here I replace or if this claim amen | a previously | filed claim dated |
| 1 BASIS FOR CLAIM | Retiree b | enefits as defined in 11 U S | C § 1114(a) | Unremitted principal |
| Goods sold Personal injury/wrongful death Services performed Taxes | - | salaries and compensation (| fill out below) | Other claims against servicer (not for loan balances) |
| Money loaned Other (describe bnefly) | | digits of your SS # ompensation for services pe | rformed from | to |
| | Oripaid C | orriperisation for services per | nomed nom | (date) (date) |
| 2 DATE DEBT WAS INCURRED | | OURT JUDGMENT, DATE O | | |
| 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations | best descri | | | |
| UNSECURED NONPRIORITY CLAIM \$ 710, 937.34 | | SECURED CLAIM | | |
| Check this box if a) there is no collateral or lien securing your claim or b) | your claim | a right of setoff) | our claim is secui | red by collateral (including |
| exceeds the value of the property securing it or if c) none or only part of yo entitled to priority | our claim is | Brief description of | collateral | |
| UNSECURED PRIORITY CLAIM | | Real Estate | _ | Other |
| Check this box if you have an unsecured claim all or part of which is entitled to priority | | Value of Collateral | _ | |
| Amount entitled to priority \$ | | Amount of arrearage ar | nd other charges | at time case filed included in |
| Specify the priority of the claim | | secured claim if any | | |
| Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) | | Up to \$2 225* of deposits toward services for personal family of | | |
| Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's | Г | Taxes or penalties owed to go | | , |
| business whichever is earlier - 11 U S C § 507(a)(4) | | Other Specify applicable pan | | * ',', |
| Contributions to an employee benefit plan 11 U S C § 507(a)(5) | | * Amounts are subject to adjust with respect to cases commen | | |
| 5 TOTAL AMOUNT OF CLAIM \$ 710 937.34 \$ | · · · · · | \$ | iced on or alter the | \$ 710,937.34 |
| AT TIME CASE FILED (unsecured) | (s | ecured) | (pnonty) | (Total) |
| Check this box if claim includes interest or other charges in addition to the | e principal | amount of the claim Attach ite | mized statement of | of all interest or additional charges |
| 6 GREDITS: The amount of all payments on this claim has been and | | | | |
| 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts contracts, court judgments, mortgages security a DOCUMENTS If the documents are not available, explain If the documents are not available. | agreement | s, and evidence of perfection | of lien DO NO | |
| 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim | | | | d envelope and copy of this |
| The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm | , prevailın | ig Pacific time, on Novemb | er 13, 2006 | THIS SPACE FOR COURT USE ONLY |
| for each person or entity (including individuals, partnerships, o governmental units) | corporatio | ns, joint ventures, trusts a | nd | |
| BY MAIL TO BMC Group | BMC Gro | | | |
| Attn USACM Claims Docketing Center | Attn USA | CM Claims Docketing Center t Franklin Avenue | er FIL | ED NOV 10 2006 |
| P O Box 911 El Segundo CA 90245-0911 | El Segun | do, CA 90245 | | _ |
| DATE SIGN and print the name and title if any of the this claim (attach copy of power of attori | e creditor or | r other person authorized to file | | USA CMC |
| 10-9-06 LISA NIX LISA TU | <u> </u> | | | # |

| United States Bankruptcy Court | DISTRICT OF NEVADA | PROOF OF CLAIM |
|--|--|---|
| Name of Debtor USA COMMERCIAL MORTGAGE Co. | Case Number 06 - 10725 | |
| NOTE. This form should not be used to make a claim for an administ of the case. A "request for payment of an administrative expense ma | trative expense arising after the commencement y be filed pursuant to 11 U.S.C. § 503 | 78¢ |
| Name of Creditor (The person or other entity to whom the debtor owes money or property) PHILLIPS Family Trust duted to suffer Name and address where notices should be sent | Check box if you are aware that anyon clse has filed a proof of claim relating your claim Attach copy of statement giving particulars Check box if you have never received notices from the bankruptcy court in the claim. | to |
| ROBERT C. LEFOME 10120 S. EASTERN # 200 HENDERSON, NV 85052 Telephone number (702) 492-127/ Last four digits of account or other number by which creditor | case. Check box if the address differs from t address on the envelope sent to you by the court. Check here replaces | 18 |
| identifies debtor 6201 | if this claim amends a previously | filed claim dated: |
| Basis for Claim ☐ Goods sold ☐ Services performed ☐ Money loaned ☐ Personal injury/wrongful death ☐ Taxes ☐ Other NEGLICENCE & FRAUD | Retriee benefits as defined Wages, salaries, and comp Last four digits of your St Unpaid compensation for from (date) | ensation (fill out below) |
| 2. Date debt was incurred: 5AN 1,2005 To APRIL 12, 2006 | 3. If court judgment, date obta | ined- |
| 4. Classification of Claim. Check the appropriate box or boxes the Sex reverse side for important explanations. Unsecured Nonpriority Claim \$ 37,500 Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c, only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim, all or part of a entitled to priority Amount entitled to priority \$ Specify the priority of the claim. Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) of (a)(1)(B) Wages, salaries, or commissions (up to \$10,000),* carned within days before filing of the bankruptcy petition or cessation of the debt business, whichever is earlier - 11 U.S.C. § 507(a)(4) Contributions to an employee benefit plan - 11 U.S.C. § 507(a) | Secured Claim Check this box if your charily of setoff) Brief Description of Coll Real Estate | ateral stor Vehicle Other— charges at time case filed included in purchase, lease, or rental of property or household use - 11 U S C numental units - 11 U S C § 507(a)(8) raph of 11 U.S C § 507(a)() at 4/1/07 and every 3 years thereafter ion or after the date of adjustment |
| 5. Total Amount of Claim at Time Case Filed | (unsecuted) (secured) | (prionty) (Total) |
| Check this hox if claim includes interest or other charges in additional charges. 6. Credits. The amount of all payments on this claim has been making this proof of claim. 7 Supporting Documents: Attach copies of supporting docume orders, invoices itemized statements of running accounts, contra agreements, and evidence of perfection of hen DO NOT SEN documents are not available, explain If the documents are volunts. 8. Date-Stamped Copy To receive an acknowledgment of the fit addressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any, of the file this claim (attach copy of power of attority). | credited and deducted for the purpose of ents, such as promissory notes, purchase cts, court judgments, mortgages, security D ORIGINAL DOCUMENTS If the minous, attach a summary ing of your claim, enclose a stamped, self-the creditor or other person authorized to | THE SOUCH THE COLD CS ONLY ELED DEC 1 1 2006 |
| ROBERT C. LEFOME, | | USA CMC |

| FORM 810 (Official Form 10) (10/05) | | |
|---|--|---|
| United States Bankruptky Court | DISTRICT OF Nevada | PPOOF OF CLAIM |
| Name of Debtor USA COMMERCIAL MORTGAGE CO | Case Number 06 - 10725 - LBR | PROOF OF CLAIM |
| NOTI- This form should not be used to make a claim for an administrative expense in the case. A request for payment of an administrative expense in | | LUUT JAN 12 P.2 |
| Name of Creditor (The person or other entity to whom the debtor owes money or property) DONALD H. PINSKEL, AN UNMARLIED MAN Name and address where notices should be sent DONALD H. PINSKER 8650 WEST VERDE WAY LAS VEGAS, NV, 89149-14145 Telephone number 702/515-0869 | Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court in this case. Check box if the address differs from the address on the envelope sent to you by the court. | C) [|
| Last four digits of account or other number by which creditor identifies debtor ACC 1, 9748 | Check here replaces of this claim mends a previously filed | claim dated |
| 1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other SEE EXHIBIT A | Retirce benefits as defined in 11 Wages salaries, and compensati Last four digits of your SS # Unpaid compensation for service fromto (date) | USC § 1114(a) on (fill out below) |
| 2. Date debt was incurred 3-24-05 | 3. If court judgment, date obtained | |
| Unsecured Priority Claum Check this box if you have an unsecured claim, all or part of entitled to priority Amount entitled to priority Specify the priority of the claim. Domestic support obligations under 11 U S C. \$ 507(a)(1)(A) (a)(1)(B) Wages, salaries, or commissions (up to \$10,000),* carned with days before filing of the bankrupicy petition or cessation of the debusiness, whichever is earlier - 11 U S C. \$ 507(a)(4) | Brief Description of Collateral Real Estate Motor W Which is Amount of arrearage and other charg secured claim, if any \$12,761 Up to \$2,225* of deposits toward purc or services for personal family, or hou \$ 507(a)(7) Taxes or penalties owed to government officer's Other - Specify applicable paragraph of | cs at time case filed included in 36 LINE 2 F.L. A hase, lease, or rental of property sehold use - 11 U S C tal units - 11 U S C \$ 507(a)(8) of 11 U S C \$ 507(a)() |
| Contributions to an employee benefit plan - 11 USC § 507(a)(4) | with nemect to cases commenced on or | |
| 5. Total Amount of Claim at Time Case Filed | \$816,528 58 816,528.58 | 8/6528,58 |
| Check this box if claim includes interest or other charges in ad interest or additional charges. | | nority) (Total) itemized statement of all |
| Credits The amount of all payments on this claim has been making this proof of claim Supporting Documents: Attach copies of supporting documents invoices itemized statements of running accounts, continuagreements, and evidence of perfection of lien DO NOT SER | nents, such as promissory notes, purchase racts, court judgments, mortgages, security | HIS SINCE IS IVER COURT USI ONLY |
| documents are not available, explain If the documents are volu | uminous, attach a summary | |
| 8. Date-Stamped Copy To receive an acknowledgment of the finaddressed envelope and copy of this proof of claim Date Sign and print the name and title, if any, of file this claim (attach copy of power of attomption). | the creditor or other person authorized to | |
| Penalty for presenting fraudulent claim. Fine of up to \$500,000 o | or impresonment for up to 5 years, or both. 18 USC | USA CMC |

| Case 06-10725-awz | Case 06-10725-gwz Doc 8759-3 Entered 07/27/11 14:35:51 Page 5 of 8 | | | | | | |
|--|--|---|-------------------------|--|--|--|--|
| UNITED STATES BANKRUPTCY C DISTRICT OF NEVADA | DURT PI | ROOF OF CLAIM | 1 | , | | | |
| Name of Debtor | Case | Number | i | | | | |
| USA Commercial Mortgage Company | , 06- | 10725-LBR | | | | | |
| USA Commercial mortgage Company | 00- | IOI EO-EDIX | | | | | |
| NOTE See Reverse for List of Debtors and Case No This form should not be used to make a claim for an arising after the commencement of the case A "required administrative expense may be filed pursuant to 11 to | administrative expense uest" for payment of an | Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of | | OWED MONEY BY A BORROWER SEING SERVICED BY THE | | | |
| Name of Creditor and Address | 11321242038610 | statement giving particulars | DEBTORS YOU DO | O <u>NOT</u> HAVE TO FILE A PROOF NCLUDES MONEY FROM THAT | | | |
| | 11321242030010 | Check box if you have | BORROWER HELI | D IN THE COLLECTION ACCOUNT | | | |
| 21929 N 79TH PLACE | | never received any notices from the bankruptcy court or | | S PROOF OF CLAIM FOR A | | | |
| SCOTTSDALE AZ 85255 | | BMC Group in this case | SECURED INTERE | EST IN A BORROWER THAT IS NOT TORS | | | |
| | | Check box if this address differs from the address on the | If you have alrea | ady filed a proof of claim with the | | | |
| 1 | c.i | envelope sent to you by the | Bankruptcy Court of | or BMC you do not need to file again | | | |
| Creditor Telephone Number (430) >38 - +9 | | court | THIS SPACE | IS FOR COURT USE ONLY | | | |
| Last four digits of account or other number by which 48 56 | creditor identifies debtor | Check here repla | r a previously t | filed claim dated | | | |
| 1 BASIS FOR CLAIM | □ Petr | ee benefits as defined in 11 U S | | Unremitted principal | | | |
| Goods sold Personal injury/wr | pooful death | | - | Other claims against servicer | | | |
| Services performed Taxes | | es, salaries and compensation (four digits of your SS # | (iiii out below) | (not for loan balances) | | | |
| Money loaned Other (describe br | ~ \ | aid compensation for services pe | erformed from | to | | | |
| DIRECT LOANS - LOAN STERN | | | - | (date) (date) | | | |
| 2 DATE DEBT WAS INCURRED PRE-PETITIO | N+ POST 5 mm 31 | F COURT JUDGMENT, DATE (| | | | | |
| 4 CLASSIFICATION OF CLAIM Check the appropri | ate box or boxes that best d | escribe your claim and state the amo | ount of the claim at th | e time case filed | | | |
| See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$ 52, C | 43.27 + | SECURED CLAIM | | | | | |
| Check this box if a) there is no collateral or lien secur | ing your claim or b) your cla | am i 🖳 i | our claim is secure | ed by collateral (including | | | |
| exceeds the value of the property securing it or if c) n entitled to priority | one or only part of your clair | n is a right of setorr) | £ 11 4 1 | | | | |
| UNSECURED PRIORITY CLAIM | | Brief description of | | — | | | |
| Check this box if you have an unsecured claim all or | part of which is | Real Estate | Motor Vehicle | Other | | | |
| entitled to priority | | Value of Collateral | \$ | | | | |
| Amount entitled to priority \$ | | | | at time case filed included in | | | |
| Specify the priority of the claim | | secured claim if any | a | | | | |
| Domestic support obligations under 11 U S C § 507(a | ., | Up to \$2 225* of deposits tow services for personal family | | | | | |
| Wages salaries or commissions (up to \$10 000)* ea before filing of the bankruptcy petition or cessation of | | Taxes or penalties owed to go | | • (//// | | | |
| business whichever is earlier - 11 U S C § 507(a)(4) | | Other Specify applicable par | | | | | |
| Contributions to an employee benefit plan - 11 U S C | § 507(a)(5) | * Amounts are subject to adju | stment on 4/1/07 and | l every 3 years thereafter | | | |
| 5 TOTAL AMOUNT OF CLAIM \$ | \$ | with respect to cases comme | nced on or after the o | late of adjustment | | | |
| AT TIME CASE FILED | | (secured) | (manuta) | \$ 58,043 DT | | | |
| (unser | • | , | (priority) | (Total) | | | |
| Check this box if claim includes interest or other cha | | | | | | | |
| 6 CREDITS The amount of all payments on this c | | | | | | | |
| 7 SUPPORTING DOCUMENTS <u>Attach copies</u> running accounts, contracts court judgments mo | <i>of supporting documents</i> ortgages security agreen | , such as promissory notes, pur nents, and evidence of perfection | chase orders invo | oces, itemized statements of SEND ORIGINAL | | | |
| DOCUMENTS If the documents are not available | | | | | | | |
| 8 DATE-STAMPED COPY To receive an acking proof of claim | nowledgment of the filing | of your claim, enclose a stampe | d, self-addressed | envelope and copy of this | | | |
| The original of this completed proof of claim t | | | | THIS SPACE FOR COURT | | | |
| ACCEPTED) so that it is actually received on a for each person or entity (including individual | or betore 5 00 pm, previ s. partnerships, corpor | ailing Pacific time, on Novemb ations, joint ventures, trusts a | er 13, 2006 | USE ONLY | | | |
| governmental units) | | - | | | | | |
| BY MAIL TO BMC Group | ВМС | IND OR OVERNIGHT DELIVERY TO Group | , | | | | |
| Attn USACM Claims Docketing Center P O Box 911 | | JSACM Claims Docketing Cente East Franklin Avenue | er FIL | ED DEC 0 8 2006 | | | |
| El Segundo CA 90245-0911 DAV ID W. | SEXTUN EISE | gundo, CA 90245 PAMELA | - K. SEXTON | | | | |
| | and title if any of the credit | or or other person authorized to file | | | | | |
| mis daini (attach e | opy or power or anomey it a | 1 1 1 5 - 1 | | USA CMC | | | |
| Niura IV | supon - Fo | much tigy in | | | | | |
| Penalty for presenting fraudulent claim is a fine of up to \$50 | 0 000 or imprisonment for u | o to 5 years or both 18 USC §§ | 152 AND 3571 | | | | |

| Case 06-10725-gwz. Doc 8759-3 Entered 07/27/11 14:35:51 Page 6 of 8 | | | | | |
|---|--|--------------------------------|---|---|---|
| | • . | PRO | OOF OF CLAIM | | |
| Name of Debtor | | Case Nu | mber | † | |
| 1 | v cial Mortgage | | 7725-LBR | | |
| NOTE See Devemo for Lee | st of Debtors and Case Numbers | <u> </u> | | } | |
| This form should not be use arising after the commence | ed to make a claim for an administrative ex ment of the case A "request" for payment by be filed pursuant to 11 U S C § 503 | | Check box if you are aware that anyone else has filed a proof of claim relating | | |
| Name of Creditor an | d Address | | to your claim Attach copy of statement giving particulars | 1 | |
| L . | TOMLIN AND DOROTHY R TOMLIN OF THE DONALD S TOMLIN | 21 | Check box if you have never received any notices from the bankruptcy court or | DO NOT FILE TH | IS PROOF OF CLAIM FOR A |
| | RLY GLEN AVE | | BMC Group in this case | SECURED INTER | REST IN A BORROWER THAT IS NOT |
| LAS VEGAS | S NV 89110-4228 | | Check box if this address differs from the address on the envelope sent to you by the | If you have alr | eady filed a proof of claim with the or BMC you do not need to file again |
| | ()702-453-6074 | | court. | THIS SPAC | E IS FOR COURT USE ONLY |
| Last four digits of account o | or other number by which creditor identifies | debtor | Check here replain or if this claim amer | , a previously | filed claim dated |
| 1 BASIS FOR CLAIM | | Retiree t | penefits as defined in 11 U S | C § 1114(a) | Unremitted principal |
| Goods sold Services performed | Personal injury/wrongful death Taxes | _ | salaries, and compensation (| fill out below) | Other claims against servicer (not for loan balances) |
| Money loaned | Other (describe briefly) | | compensation for services pe | rformed from | to |
| | | -12.22 | | | (date) (date) |
| | RRED VOVOOS CICHES LAIM Check the appropriate box or boxes that | | OURT JUDGMENT, DATE C | | ha time case filed |
| See reverse side for importa | nt evalenations | | (| see atta | oched, , |
| UNSECURED NONPRIOR | HTY CLAIM \$2,779,806 174 | io col | SECURED CLAIM ` Check this box if you | our dam is secu | an Aclawn) red by collateral (including |
| Check this box if a) there exceeds the value of the r | es no collateral or lien securing your claim or b property securing it or if c) none or only part of y |) your claim our claim is | a right of setoff) | | od by conditional (modeling |
| entitled to priority | e attached describing | (TXC) | Brief description of | collateral | |
| UNSECURED PRIORITY C | EAIM e an unsecured claim all or part of which is | | Real Estate | Motor Vehicle | Other |
| entitled to priority | yan anooda dami' an or part or which to | | Value of Collateral | \$ | |
| Amount entitled to priority Specify the priority of the | · | | Amount of arrearage an secured claim, if any | nd other charges | at time case filed included in |
| | ons under 11 U S C § 507(a)(1)(A) or (a)(1)(B) | Г | Up to \$2 225* of deposits toward | ard nurchase lease | or rental of property or |
| Wages salaries or commoderate before filing of the bankru | nissions (up to \$10 000)* earned within 180 days | * _ | services for personal family of Taxes or penalties owed to go | or household use -1 | 1 U S C § 507(a)(7) |
| ·— | Inflier - 11 U S C § 507(a)(4) | | Other - Specify applicable par | | = : |
| | yee benefit plan - 11 U S C § 507(a)(5) | | * Amounts are subject to adju- with respect to cases commer | stment on 4/1/07 ar nced on or after the | nd every 3 years thereafter date of adjustment |
| 5 TOTAL AMOUNT OF CL AT TIME CASE FILED | * <u> </u> | | \$ | | _\$-2,779,806_ |
| Charle this have if claims in | (unsecured) | • | ecured) | (priority) | (Total) |
| | cludes interest or other charges in addition to t | | | | |
| 7 SUPPORTING DOCU | of all payments on this claim has been cre IMENTS <u>Attach copies of supporting doc</u> acts court judgments, mortgages, security becoments are not available, explain. If the | <i>uments,</i> su agreement | ch as promissory notes, pure s, and evidence of perfection | chase orders, inv | oices, itemized statements of |
| 1 | PY To receive an acknowledgment of the | | | • | envelope and copy of this |
| ACCEPTED) so that it i | npleted proof of claim form must be sen is actually received on or before 5 00 pn ity (including individuals, partnerships, | n, prevailin | g Pacific time, on November | er 13. 2006 | THIS SPACE FOR COURT USE ONLY |
| governmental units) BY MAIL TO | | | OR OVERNIGHT DELIVERY TO | | |
| BMC Group | ocketing Center | BMC Grou | nb | i | |
| Attn USACM Claims Do P O Box 911 El Segundo CA 90245-0 | _ | 1330 East | CM Claims Docketing Cente t Franklin Avenue do, C A 90 245 | " FI | ED NOV 10 2006 |
| 61/8/06 | SIGN and print the name and title if any of the this claim (attach copy of power of attor | ney if any). | | ista | USA CMC |

| LINUTED STATES DANKER LINUTEN COLUMN | P | ELER AUSTIT 14.3 | J.JI FO | ye / Ul O |
|--|------------------|--|--|--|
| UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA | | DOF OF CLAIM | | |
| Name of Debtor | Case Nu | ımber | | |
| USA Commercial Mortgage Company | 06-10 | 725-LBR | | |
| | | | | |
| NOTE See Reverse for List of Debtors and Case Numbers | | | İ | |
| This form should not be used to make a claim for an administrative exp | ense | Check box if you are | | |
| arising after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503 | of an | aware that anyone else has filed a proof of claim relating | IF YOU ARE O | NLY OWED MONEY BY A BORROWE |
| Name of Creditor and Address | | to your claim Attach copy of | WHOSE LOAN | IS BEING SERVICED BY THE |
| 11321242039399 | , | statement giving particulars | OF CLAIM TH | U DO <u>NOT</u> HAVE TO FILE A PROOF IIS INCLUDES MONEY FROM THAT |
| VOGLIS MARIETTA | • | Check box if you have | BORROWER H | HELD IN THE COLLECTION ACCOUNT |
| 201 EAST 79TH STREET | | never received any notices from the bankruptcy court or | DO NOT EU E | THIS PROOF OF OUR AND TOP A |
| NEW YORK NY 10021 | | BMC Group in this case | SECURED INT | THIS PROOF OF CLAIM FOR A EREST IN A BORROWER THAT IS NO |
| | | Check box if this address | ONE OF THE D | DEBTORS |
| | | differs from the address on the | If you have a | already filed a proof of claim with the |
| Creditor Telephone Number (2 % 5 70 6 1 93 | | envelope sent to you by the court | | urt or BMC you do not need to file again |
| Last four digits of account or other number by which creditor identifies d | lebtor | | | ACE IS FOR COURT USE ONLY |
| | | Check here replace or if this claim amen | a previous | sly filed clam dated |
| 1 BASIS FOR CLAIM | Retiree b | enefits as defined in 11 U S | C § 1114(a) | Unremitted principal |
| Goods sold Personal injury/wrongful death | | salaries and compensation (f | | |
| Services performed Taxes | | digits of your SS # | in out below) | Other claims against service (not for loan balances) |
| Money loaned Other (describe briefly), | | ompensation for services per | formed from | to |
| 2 DATE DEBT WAS INCURRED | - I | | | (date) (date) |
| | 3 IF CC | OURT JUDGMENT, DATE O | BTAINED | |
| 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations | Dest descri | | int of the claim a | t the time case filed |
| UNSECURED NONPRIORITY CLAIM \$ | | SECURED CLAIM | | |
| Check this box if a) there is no collateral or lien securing your claim or b) y exceeds the value of the property securing it or if c) none or only part of you | our claim | Check this box if yo a right of setoff) | ur claım ıs sec | sured by collateral (including |
| entitled to priority | ar Claii i i i i | Brief/description of | collateral | |
| UNSECURED PRIORITY CLAIM | | Real Estate | _ | |
| Check this box if you have an unsecured claim all or part of which is entitled to priority | | Value of Collateral | | |
| Amount entitled to priority \$ | | | | KNOWN |
| Specify the priority of the claim | | secured claim if any \$ | JFF EX | s at time case filed included in |
| Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) | | Up to \$2 225* of deposits towar | d purchase leas | Se or rental of property or |
| Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtors | <u></u> | services for personal family or | household use - | -11 U S C § 507(a)(7) |
| business whichever is earlier - 11 U S C § 507(a)(4) | 님 | Taxes or penalties owed to gove | ernmental units - | -11 U S C § 507(a)(8) |
| Contributions to an employee benefit plan 11 U S C § 507(a)(5) | Ш | Other - Specify applicable parag | graph of 11 US | C § 507(a) () |
| E TOTAL AMOUNT OF OLD THE | | * Amounts are subject to adjust with respect to cases commend | ment on 4/1/07 a ed on or after the | and every 3 years thereafter e date of adjustment |
| 5 TOTAL AMOUNT OF CLAIM \$ \$\$ | 72 | 1,298,818 | | \$ 724 292.85 |
| (unsecured) Check this box if claim includes interest or other charges in addition to the | principal a | · √ed) mount of the claim Attach item | (priority) ized statement | of all interest or additional charges 5 |
| 6 CREDITS The amount of all payments on this claim has been credit. | ed and de | ducted for the purpose of me | lana tha | |
| JULY OF FURTING DUCUMENTS Attach copies of supporting docum | anta aua | h ma management () | _ | |
| running accounts contracts, court judgments, mortgages security agi DOCUMENTS If the documents are not available explain. If the doc | reements | and evidence of perfection of | flien DO NO | OT SEND ORIGINAL |
| are are an are the distributed by the distributed b | cuments a | ife voluminous attach a sumi | manı | |
| 8 DATE-STAMPED COPY To receive an acknowledgment of the f proof of claim | | | | d envelope and copy of this |
| The original of this completed proof of claim form must be sent b | y mail or | hand delivered (FAXES NO | T | THIS SPACE FOR COURT |
| TOOL ILD) SO that it is actually received on or before 5 nn nm r | rovadina | Doggina tuma am Nassaul | 40 0000 | THIS SPACE FOR COURT USE ONLY |
| governmental units) | rporation | s, joint ventures, trusts and | ! | |
| BY MAIL TO BMC Group | Y HAND O | R OVERNIGHT DELIVERY TO | FILLU | 11 1 0 000- |
| Attn USACM Claims Docketing Center | MC Group | M Claims Docketing Center | ار است است ا ا | LOUN TE SOOL |
| P O Box 911 | 330 East F | ranklin Avenue | | 1104 046 |
| Li Segurido, CA 90245-0911 El | i Segundo | CA 90245 | | USA CMC |
| SIGN and print the name and title if any of the cithis clarify fattach copy of power of attorney | reditor or o | ther person authorized to file | | 11 |
| SAN 8 200/ Mariefa Vog to | 1 | | | |
| | | | | |

FORM B10 (Official Form 10) (10/05)

| UNITED STATES BANKRUPTCY COURT | DISTRICT OF Nevada | PROOF OF CLAIM |
|---|--|---|
| Name of Dichtor USA Commercial Mortgage Company | Case Number 66-10725-LBR | |
| NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma | | |
| Name of Creditor (The person or other entity to whom the debtor owes money or property) ANTHONY J. ZERBO, AN UNMARKED MAN | Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars | |
| Name and address where notices should be sent ANTHOMY TIZE FBO 780 SAKATOGA AUC. Apr. S-107 | Check box if you have never received any notices from the bankruptcy court in this case | |
| Telephone number (408) = 344-4662 | Check box if the address differs from the address on the envelope sent to you by the court | THIS STACE IS FOR COURT USE ONLY |
| Last four digits of account or other number by which creditor identifies debtor | Check here If this claim amends a previously fi | led claim dated |
| Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other | Retiree benefits as defined in Wages salaries and compens Last four digits of your SS # Unpaid compensation for ser from | sation (fill out below) |
| 2 Date debt was incurred APRIL 2004 | 3 If court judgment, date obtaine | d |
| 4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations. Unsecured Nonpriority Claim \$ | Secured Claim Check this box if your claim a right of setoff) Brief Description of Collater Which is Amount of arrearage and other chasecured claim if any \$ | ral Vehicle Other Other arges at time case filed included in 1 USC ental units - 11 USC § 507(a)(8) th of 11 USC § 507(a)() 1/1/07 and every 3 years thereafter or after the date of adjustment |
| Check this box if claim includes interest or other charges in additional charges | | (priority) (Total) ach itemized statement of all |
| 6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting documents are invoices itemized statements of running accounts control agreements and evidence of perfection of lien DO NOT SEN documents are not available explain If the documents are volu 8 Date-Stamped Copy To receive an acknowledgment of the finaddressed envelope and copy of this proof of claim Date Sign and print the name and title if any of the payments are not as a support of the sign and print the name and title if any of the payments are not as a support of the sign and print the name and title if any of the payments are not as a support of the sign and print the name and title if any of the payments are not as a support of the support of the sign and print the name and title if any of the payments are not as a support of the support | tents such as promissory notes purchase acts court judgments, mortgages, security ND ORIGINAL DOCUMENTS If the iminous attach a summary illing of your claim enclose a stamped self-the creditor or other person authorized to | THIS SPACE IS FOR COURT USE ONLY ED JAN 10 2007 |
| 1/8/07 file this claim fattach copy of power of atto ANTHONY J. ZERBO | | USA CMC |
| Penalty for presenting fraudulent claim. Fine of up to \$500,000 or | r imprisonment for up to 5 years or both 19115 | 10/2501952 |